HARMON SCHOOL

**PARENTS' APPROVAL FORM - HEALTH DATA 8TH GRADE WASHINGTON TRIP**

My child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Homeroom \_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

has my permission to attend the 8th grade educational trip to:

1. **Washington D.C.** (Oct 22, 23, 24, 2014)

Please note here if there are special items of information that should be known to the nurse and counselor that may be of valuable assistance in keeping your child comfortable during the trip. Such information as diet instructions, rest periods, susceptibility to motion sickness, etc. should be given. No child will be allowed to personally keep any medication on their person except for inhalers or epi-pens. All medicines will be dispensed by a nurse or a chaperone.

New regulations require a doctor’s permission to dispense any medication to the child. This applies to both over the counter and prescription medications.

Please list medications that will accompany your child on the trip.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(Doctor’s permission must be given to dispense these medications. Forms are available in the office.)

Please write any other important information below:

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I will advise school authorities of any last minute developments that may be of further assistance to counselors during the trips.

It is understood that in the final disposition of an emergency case, the judgment of school authorities will prevail. The recommendations of parents will be respected as far as possible.

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Parent's Signature Date

***Please return this completed form to your child’s Social Studies Teacher by Friday, August 29th …***

***Please also complete the 8th Grade Behavior Contract on the reverse…***